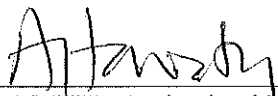


SIGNATORIES TO THIS AGREEMENT




GRANTEE's Authorized Representative
April Haverty
Director, Grants and Contracts

4/3/2017
Date

Agency DUNS No.

9	3	7	6	3	9	0	6	0
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GRANTOR's Authorized Representative
Chuck J. Warzecha
Administrator / Deputy Administrator, Division of Public Health
Department of Health Services

1/11/17
Date

CARS PAYMENT INFORMATION

The information below is used by the DHS's Bureau of Fiscal Services, CARS Unit to facilitate the processing and recording of payments made under this Agreement.

Agency Name: Medical College of WI

Grant Agreement #, if applicable: 35485

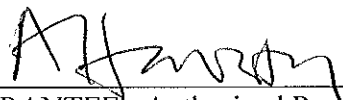
Total Grant Agreement Amount:
\$197,003

Agency Number	Agency Type	Grant Agreement Period	Profile ID Number	Grant Agreement Amount	Program Name (abbreviate)	If applicable, add any additional Profile Notes
148197	790	1/1/17- 12/31/17	159352	\$125,483	MAPPP	
148197	790	1/1/17- 12/31/17	159353	\$11,520	MAPPP	
148197	790	1/1/17- 12/31/17	159354	\$60000	PREP	
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
Grant Agreement Amount Total				\$197,003		

There will be no pre-payments issued with this contract.

Match Required: Yes If Yes, Profile ID# 159352 Amount: \$42,287

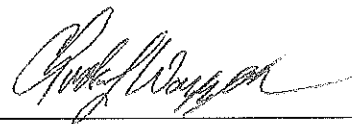
SIGNATORIES TO THIS AGREEMENT


GRANTEE's Authorized Representative
April Haverty
Director, Grants and Contracts

1/3/2017
Date

Agency DUNS No.

9	3	7	6	3	9	0	6	0
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GRANTOR's Authorized Representative
Chuck J. Warzecha
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1/11/17
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				\$		
				\$		
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				\$		
				\$		
				\$		
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